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| FORM PTO-1390 (REV. 9-2001) U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>         DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>         CONCERNING A FILING UNDER 35 U.S.C. 371</b>  |   | ATTORNEY'S DOCKET NUMBER<br>14538A-004510US<br>U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br>Not Assigned <b>09/980758</b> |
| INTERNATIONAL APPLICATION NO.<br>PCT/US00/13379   | INTERNATIONAL FILING DATE<br>May 15, 2000 | PRIORITY DATE CLAIMED<br>May 14, 1999   |
| TITLE OF INVENTION: METHODS FOR INCREASING PLANT CELL PROLIFERATION BY FUNCTIONALLY INHIBITING A PLANT CYCLIN INHIBITOR GENE  |   |   |
| APPLICANT(S) FOR DO/EO/US<br>James Roberts and Beth Kelly   |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: <ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a filing under 35 U.S.C. 371.</li> <li>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 36 U.S.C. 371.</li> <li>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f). The submission must include items (5), (6), (9) and (21) indicated below.</li> <li>4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).</li> <li>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 37(c)(2))             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> has been communicated by the International Bureau</li> <li>c. <input checked="" type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ol> </li> <li>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto.</li> <li>b. <input checked="" type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ol> </li> <li>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)).             <ol style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input type="checkbox"/> have not been made and will not be made.</li> </ol> </li> <li>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)).</li> <li>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</li> <li>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</li> </ol> <p style="margin-left: 20px;"><b>Items 11 to 20 below concern document(s) or information included:</b></p> <ol style="list-style-type: none"> <li>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</li> <li>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</li> <li>13. <input type="checkbox"/> A FIRST preliminary amendment.</li> <li>14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.</li> <li>15. <input type="checkbox"/> A substitute specification.</li> <li>16. <input type="checkbox"/> A change of power of attorney and/or address letter.</li> <li>17. <input checked="" type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 – 1.825.</li> <li>18. <input checked="" type="checkbox"/> A second copy of the published international application under 36 U.S.C.</li> <li>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</li> <li>20. <input checked="" type="checkbox"/> Other items or information: ATCC Deposit</li> </ol> <p>Postcard<br/>         Certificate of Express Mail</p> |   |   |

| US/ Application No. (known) (37 CFR 1.5)<br><b>097/980738</b>  |              | INTERNATIONAL APPLICATION NO.<br><b>PCT/US00/13379</b> |           | ATTORNEY'S DOCKET NUMBER<br><b>14538A-004510US</b> |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--------------|--|-----------|--|----------|--------|--------------|--------------|------|--|--|--------------|-----------|---|-----------|------|--|--------------------|---------|---|-----------|-----------|--|---|--|--|--|----------|------|--------------------------------------|--|--|--|----------|--|---|--|--|--|---|----------|-------------------|--|--|--|----------|--|--|--|--|--|----|--|-----------------------------|--|--|--|----------|--|--|--|--|--|---|----|------------------------------|--|--|--|----------|--|--|--|--|--|-------------------------------|----|--|--|--|--|-----------------|----|---|--|--|--|--|--|--|--|--|--|--|--|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 21. <input checked="" type="checkbox"/> The following fees are submitted:  |              |  |           | <b>CALCULATIONS PTO USE ONLY</b>                   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>BASIC NATIONAL FEE (37 CFR 1.492(A) (1) - (5)):</b><br>Neither international preliminary examination fee (37 CFR 1.492) nor international search fee (37 CFR 1.445(a)(2)) paid to USPTO and International Search Report not prepared by the EPO or JPO ..... \$<br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but International Search report prepared by the EPO of JPO ..... \$<br><br>International preliminary examination fee (37 CFR 1.482) not paid to USPTO but international search fee (37 CFR 1.445(a)(2)) paid to USPTO ..... \$<br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO but all claims did not satisfy provisions of PCT Article 33(1)-(4) ..... <b>\$370.00</b><br><br>International preliminary examination fee (37 CFR 1.482) paid to USPTO and all claims satisfied provisions of PCT Article 33(1)(4) ..... \$  |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>ENTER APPROPRIATE BASIC FEE AMOUNT =</b>  |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surcharge of <b>\$130.00</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).  |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">CLAIMS</th> <th style="width: 20%;">NUMBER FILED</th> <th style="width: 20%;">NUMBER EXTRA</th> <th style="width: 20%;">RATE</th> <th style="width: 20%;"></th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>16 - 20 =</td> <td>0</td> <td>x \$18.00</td> <td>\$ 0</td> <td></td> </tr> <tr> <td>Independent claims</td> <td>7 - 3 =</td> <td>4</td> <td>x \$84.00</td> <td>\$ 336.00</td> <td></td> </tr> <tr> <td colspan="4">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ 280.00</td> <td>\$ 0</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL OF ABOVE CALCULATIONS =</b></td> <td>\$336.00</td> <td></td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td style="vertical-align: bottom; text-align: right;">+</td> <td style="vertical-align: bottom; text-align: right;">\$168.00</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>SUBTOTAL =</b></td> <td>\$168.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td>\$</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL NATIONAL FEE =</b></td> <td>\$668.00</td> <td></td> </tr> <tr> <td colspan="4" style="vertical-align: top;">         Fee for recording the enclosed assignment (37 CFR 1.2(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property +       </td> <td style="vertical-align: bottom; text-align: right;">+</td> <td style="vertical-align: bottom; text-align: right;">\$</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>TOTAL FEES ENCLOSED =</b></td> <td>\$668.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>Amount to be refunded:</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: right;"><b>charged:</b></td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="6" style="vertical-align: top;">         a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed.<br/>         b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>20-1430</b> in the amount of <b>\$668.00</b> to cover the above fees.<br/>         c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>20-1430</b>. A duplicate copy of this sheet is enclosed.<br/>         d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.       </td> </tr> <tr> <td colspan="6" style="vertical-align: top;"> <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b> </td> </tr> <tr> <td colspan="6" style="vertical-align: top;">         SEND ALL CORRESPONDENCE TO:       </td> </tr> <tr> <td colspan="6" style="vertical-align: top;">         Brian W. Poor<br/>         Townsend and Townsend and Crew<br/>         Two Embarcadero Center, 8<sup>th</sup> Floor<br/>         San Francisco, CA 94111<br/><br/> <b>415-576-0200</b> </td> </tr> <tr> <td colspan="6" style="vertical-align: top; text-align: right;"> <div style="display: flex; justify-content: space-between;"> <div> <br/>           SIGNATURE         </div> <div> <b>Brian W. Poor</b><br/>           NAME         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div></div> <div> <b>32,928</b><br/>           REGISTRATION NUMBER         </div> </div> </td> </tr> </tbody></table> |              |  |           |  |          | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE |  |  | Total claims | 16 - 20 = | 0 | x \$18.00 | \$ 0 |  | Independent claims | 7 - 3 = | 4 | x \$84.00 | \$ 336.00 |  | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  |  | + 280.00 | \$ 0 | <b>TOTAL OF ABOVE CALCULATIONS =</b> |  |  |  | \$336.00 |  | <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | + | \$168.00 | <b>SUBTOTAL =</b> |  |  |  | \$168.00 |  |  |  |  |  | \$ |  | <b>TOTAL NATIONAL FEE =</b> |  |  |  | \$668.00 |  | Fee for recording the enclosed assignment (37 CFR 1.2(h)). 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| CLAIMS   | NUMBER FILED | NUMBER EXTRA   | RATE      |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total claims   | 16 - 20 =    | 0  | x \$18.00 | \$ 0   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Independent claims   | 7 - 3 =      | 4  | x \$84.00 | \$ 336.00  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)  |              |  |           | + 280.00   | \$ 0     |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL OF ABOVE CALCULATIONS =</b>   |              |  |           | \$336.00   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>SUBTOTAL =</b>  |              |  |           | \$168.00   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |  |           | \$   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL NATIONAL FEE =</b>  |              |  |           | \$668.00   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fee for recording the enclosed assignment (37 CFR 1.2(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00</b> per property +   |              |  |           | +  | \$       |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>TOTAL FEES ENCLOSED =</b>   |              |  |           | \$668.00   |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |  |           | <b>Amount to be refunded:</b>                      | \$       |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |              |  |           | <b>charged:</b>                                    | \$       |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| a. <input type="checkbox"/> A check in the amount of \$_____ to cover the above fees is enclosed.<br>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <b>20-1430</b> in the amount of <b>\$668.00</b> to cover the above fees.<br>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <b>20-1430</b> . A duplicate copy of this sheet is enclosed.<br>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. <b>Credit card information should not be included on this form.</b> Provide credit card information and authorization on PTO-2038.  |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.</b>   |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SEND ALL CORRESPONDENCE TO:  |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Brian W. Poor<br>Townsend and Townsend and Crew<br>Two Embarcadero Center, 8 <sup>th</sup> Floor<br>San Francisco, CA 94111<br><br><b>415-576-0200</b>   |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <br/>           SIGNATURE         </div> <div> <b>Brian W. Poor</b><br/>           NAME         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div></div> <div> <b>32,928</b><br/>           REGISTRATION NUMBER         </div> </div>   |              |  |           |  |          |        |              |              |      |  |  |              |           |   |           |      |  |                    |         |   |           |           |  |   |  |  |  |          |      |                                      |  |  |  |          |  |   |  |  |  |   |          |                   |  |  |  |          |  |  |  |  |  |    |  |                             |  |  |  |          |  |  |  |  |  |   |    |                              |  |  |  |          |  |  |  |  |  |                               |    |  |  |  |  |                 |    |   |  |  |  |  |  |  |  |  |  |  |  |                             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

# ATCC

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BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF  
THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

INTERNATIONAL FORM

RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3  
AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2

To: (Name and Address of Depositor or Attorney)

Fred Hutchinson Cancer Research Center  
Attn: Julie A. Holly  
1100 Fairview Avenue North  
Seattle, WA 98109

Deposited on Behalf of: Fred Hutchinson Cancer Research Center

Identification Reference by Depositor:

ATCC Designation

|  |        |
|--|--------|
| BRO1 cDNA from <i>Arabidopsis thaliana</i> , pACT BRO1 | 203953 |
| BRO2 cDNA from <i>Arabidopsis thaliana</i> , pACT BRO2 | 203954 |
| BRO3 cDNA from <i>Arabidopsis thaliana</i> , pACT BRO3 | 203955 |
| BRO4 cDNA from <i>Arabidopsis thaliana</i> , pACT BRO4 | 203956 |

The deposits were accompanied by: \_\_\_ a scientific description X a proposed taxonomic description indicated above. The deposits were received April 23, 1999 by this International Depository Authority and have been accepted.

AT YOUR REQUEST: X We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains, and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strains.

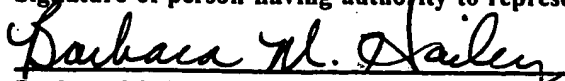
If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested May 3, 1999. On that date, the cultures were viable.

International Depository Authority: American Type Culture Collection, Manassas, VA 20110-2209 USA.

Signature of person having authority to represent ATCC:

  
Barbara M. Hailey, Administrator, Patent Depository

Date: May 5, 1999

cc: Brian Poor (Ref. Docket 14538A-45)

PCT Application No.: PCT/US00/13379  
International Filing Date: May 15, 2000  
Applicant: James Roberts and Beth Kelly  
Our File: 14538A-004510US  
Documents Enclosed: Transmittal Letter, WO 00/69883, Sequence Diskette, and  
ATCC Deposit Receipt.

Express Mail No. EK329754028US

Date of Deposit: November 13, 2001

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee," service under 37 CFR § 1.10 on the date indicated above, with sufficient postage and in an envelope addressed to Box Sequence Listing, Assistant Commissioner for Patents, Washington, DC 20231.

TOWNSEND and TOWNSEND and CREW LLP

By:   
Jennifer M. Smolen